



FOREST LAND ENHANCEMENT PROGRAM (FLEP) COST-SHARE LANDOWNER APPLICATION

This information is requested to participate in the FLEP as authorized in the Farm Security and Rural Investment Act of 2002 (Public Law 107-171) and 16 U.S.C. 2101 et seq.

FOR DNR USE ONLY				
Landowner's Name (please type or print)		Date Received	Control Number	
Address		Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	Date referred to Service Forester	
City, State, ZIP		APPLICATION STATUS		
Home Telephone ()		<input type="checkbox"/> Pending <input type="checkbox"/> Approved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Denied		
Work Telephone ()				
E-mail address				
OPTIONAL INFORMATION: Requested per United States Department of Agriculture, Forest Service for statistical purposes.				
INDIVIDUAL LANDOWNERS ASSISTED BY RACE AND ETHNIC GROUP		INDIVIDUAL LANDOWNERS ASSISTED BY GENDER OR FAMILY UNIT		
<input type="checkbox"/> Black (Not Hispanic) <input type="checkbox"/> America Indian or Alaskan Native		<input type="checkbox"/> Individual Male <input type="checkbox"/> Organization		
<input type="checkbox"/> Hispanic <input type="checkbox"/> White (Not Hispanic)		<input type="checkbox"/> Individual Female <input type="checkbox"/> Other _____		
<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other _____		<input type="checkbox"/> Family _____		
LOCATION OF PROPERTY TO BE PLANNED, ETC.				
County	Township Name	Township	Range	Section
Legal Description				
Total Acres of Ownership	Number of Acres under active FSP plan	Name of FSP Plan Writer	Plan preparation date	
ELIGIBILITY CHECKLIST				
TO BE COMPLETED BY LANDOWNER				
Do you have a Forest Stewardship plan for this property?		YES	NO	
		<input type="checkbox"/>	<input type="checkbox"/>	
If NO, do you have another type of forest management plan in effect? (Please attach plan for review.)		<input type="checkbox"/>	<input type="checkbox"/>	
Do you own title to this property or are you the legal representative of the title holder?		<input type="checkbox"/>	<input type="checkbox"/>	
Is any of this property under any State or Federal program such as Conservation Reserve Program (CRP), Wildlife Habitat Incentives Program (WHIP) etc.? If YES, explain.		<input type="checkbox"/>	<input type="checkbox"/>	
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Are the cost-share practices requested in this application described in your management plan?		<input type="checkbox"/>	<input type="checkbox"/>	
Are there any other factors to consider in regard to the preparation of a Landowner Forest Stewardship Plan? If YES, explain:		<input type="checkbox"/>	<input type="checkbox"/>	
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INSTRUCTIONS FOR APPLICANT

1. Enter the name of the practice for which you wish to apply in "Practice Title," below. (i.e., tree planting, forest stand improvement, oak wilt control, etc.)
2. List the unit(s) from the management plan where the practice will be implemented.
3. Enter the number of acres you wish to implement.
4. Enter the expected date of completion for the practice.
5. Sign the application and return to the address provided below.

Practice Title	Unit(s)	Acres or Units Requested	Expected Date of Completion

I understand that this Application is only for FLEP cost-share, and does not constitute a contract for services or financial reimbursement. I understand that I may be denied funding if I begin the practice before receiving written approval. I authorize a representative of the Michigan DNR to have access to the practice site area. I certify that the information provided is true and accurate to the best of my knowledge.

Landowner's signature

Date

MAIL COMPLETED APPLICATION TO:

Or

FAX TO:

517-373-2443

**FOREST STEWARDSHIP COORDINATOR
FOREST, MINERAL & FIRE MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
PO BOX 30452
LANSING MI 48909-7952**

QUESTIONS – Please call:

Michigan Department of Natural Resources,
Forest, Mineral & Fire Management, at
517-373-1275 or
TTY/TDD 711 (Michigan Relay Center)